

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18913**
2612

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN EXCELSIOR SPRINGS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				e. STREET ADDRESS (If rural, give location) 233 S. TIMBALL			
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) A.		c. (Last) Reinhardt		4. DATE OF DEATH (Month) (Day) (Year) 6 18 55	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-13-1901	
9. AGE (In years last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY MINISTRY		11. BIRTHPLACE (City and State or Foreign Country) Chanute Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME William Reinhardt		13b. MOTHER'S MAIDEN NAME Bertha Burghart		14. NAME OF HUSBAND OR WIFE Pauline Reinhardt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Pauline Reinhardt Excelsior Springs			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric testis / hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute ulcer of pylorus DUE TO (c) Glioma rt. parietal lobe II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 6-17-55		19b. MAJOR FINDINGS OF OPERATION Glioma rt. parietal lobe				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 6-14-55 , 19____, to 6-18-55 , 19____, that I last saw the deceased alive on 6-18-55 , 19____, and that death occurred at 7:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Glenn Wiley		23b. ADDRESS 411 Nichols Road, KC Mo		23c. DATE SIGNED 6-18-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE 20-1955		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Excelsior Springs, Kansas	
DATE REC'D BY LOCAL REG. 6-18-55		REGISTRAR'S SIGNATURE Neve Minabell		25. FUNERAL DIRECTOR'S SIGNATURE PRICHARD FUNERAL HOME			

(Licensed Embalmer's Statement on Reverse Side)

MO.

OCT 11 1956

Se. 16 43 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph E Van Landingham*

Licensed Embalmer No. *400*
Galena Springs
P. O. Address *Illinois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.